

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>2/19/03</u>		2 Serial/Patent # <u>09/371,463</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
		6 AMOUNT	
		<input checked="" type="checkbox"/> Filing (RCE)	\$ 750.
		<input type="checkbox"/> Amendment	\$
		<input type="checkbox"/> Extension of Time	\$
		<input type="checkbox"/> Notice of Appeal/Appeal	\$
		<input type="checkbox"/> Petition	\$
		<input type="checkbox"/> Issue	\$
		<input type="checkbox"/> Cert of Correction/Terminal Disc.	\$
		<input type="checkbox"/> Maintenance	\$
<input type="checkbox"/> Assignment	\$		
<input type="checkbox"/> Other	\$		
		7 TOTAL AMOUNT OF REFUND	
		\$ 750.	
		8 TO BE REFUNDED BY:	
10 REASON:		Treasury Check	
		Credit Deposit A/C #:	
		9 <u>22--0083</u>	
<input type="checkbox"/> Overpayment			
<input type="checkbox"/> Duplicate Payment			
<input type="checkbox"/> No Fee Due (Explanation):			
<u>Improper RCE</u>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: _____		TITLE: <u>RJ</u>	
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-6911</u>	
OFFICE: <u>Office of Petitions</u>			
*****			
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: <u>[Signature]</u>		DATE: <u>2/20/03</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802E

BEST AVAILABLE COPY